

My
8/20
8/5 mg

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION | SMC | | 6/12/00 |
| O.I.P.E. CLASSIFIER | E.C.H. | 11 | 5/19/2000 |
| FORMALITY REVIEW | MA | 830 | 7/3/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

..... Rejected N Non-elected
..... Allowed I Interference
(Through numeral)..... Canceled A Appeal
..... Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY